

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

Not yet qualified ☐ or

☒ Amendment

List I.D. number:

1384706

☐ Termination - See Part 5

List I.D. number:

#

____/____/____
Date qualified as committee

____/____/____
Date qualified as committee
(if applicable)

____/____/____
Date of Termination

Date Stamp

City Clerk's Office

JUL 18 2016

RECEIVED

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

EVELYN CHUA FOR CITY COUNCIL 2016

STREET ADDRESS (NO P.O. BOX)

929 COVENTRY WAY

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS, CA 95035

408-946-7076

MAILING ADDRESS (IF DIFFERENT)

N/A

FAX/ E-MAIL ADDRESS

CHUA4EVELYN@YAHOO.COM

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

SANTA CLARA

CITY OF MILPITAS

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ARSENIO R. ILORETA

STREET ADDRESS (NO P.O. BOX)

782 CANADA DRIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

MILPITAS, CA 95035

408-946-6438

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/18/2016

DATE

By

Artenio R. Iloreta

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7-18-16

DATE

By

Evelyn Chua

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

City Clerk's Office

JUL 18 2016

RECEIVED

CALIFORNIA
FORM 410

Page 2

I.D. NUMBER

1384706

COMMITTEE NAME

EVELYN CHUA FOR CITY COUNCIL 2016

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE
US BANK	408-719-6851
ADDRESS	CITY
100 N. MILPITAS BLVD.	MILPITAS CA 95035

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROponent	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
EVELYN CHUA	CITY COUNCIL	2016	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>